

PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

The Honorable Tom Cole:

In keeping with the restrictions of the Privacy Act, I hereby authorize you and your staff to request information from any federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic or any other means of communication. The federal agency or department is authorized to furnish you copies of any documents, correspondence or information, including medical records, relative to my inquiry.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE(HOME) _____ (CELL) _____ (EMAIL) _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

BRIEFLY EXPLAIN THE PROBLEM. ATTACH COPIES OF ANY RELEVANT DOCUMENTATION.

[illegible]

You have my permission to discuss my case with the following person(s):

DATE _____ SIGNATURE _____

PLEASE RETURN TO:

Congressman Tom Cole
2420 Springer Drive Ste. 120
Norman, OK 73069
(405) 329-6500
(405) 321-7369 (fax)